

26 15

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. X

Registered No. 66

1. PLACE OF BIRTH

County GILA

State ARIZONA

District or Township

or Village

City GLOBE

No. At Home

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

STELLA BELL BAIRD

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

Female

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

Yes

7. Date

of birth 12/13/1906

Month Day Year

8.

FATHER

Full Name ESSINGTON LIAMON BAIRD

9. Residence

GLOBE, Arizona

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

White

11. Age at last birthday 43 (Years)

12. Birthplace (city or place)

ALTONA  
(State or country) Pennsylvania

13. Occupation

Miner

Name of Industry

Prospector

14.

MOTHER

Full maiden name STELLA HENRJETTA JUNEAU

15. Residence

Globe, Arizona

(Usual place of bode)

If non-resident, give place and state.

16. Color or race

White

17. Age at last birthday 30 (Years)

18. Birthplace (city or place)

Topeka

(State or country) Kansas

19. Occupation

Nature of Industry. Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living 7

(b) Born alive but now dead 3

(c) Stillborn

21. Were precautions taken against oph-  
thalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Mrs. H. M. Grant (Mother)

Nee Baird (no no)

(Physician or midwife)

Give name added from  
a supplemental report

Month, day, year

Address

Registrar.

Filed 4/14, 1931

L. E. Wightman  
Registrar.

MAJIN RESERV. OR 17  
PLAINLY WITH UNFADING INK—THIS IS A  
than one child at a birth a SEPARATE RETURN  
each in order of birth stated.

N. B.—In

700 1012-014